

WIDOW(ER) APPLICATION QUESTIONNAIRE

Please complete this form

1. What is your deceased spouse's name? _____
2. What was the date of spouse's death? ____/____/____
3. Where did you live at the time of spouse's death? _____
4. Are you now a resident of Arizona? Yes _____ No _____
5. Date you established residence in Arizona. ____/____/____
6. Where in state did you first establish residence? City/Town _____ County _____
7. Were you divorced from you spouse before his death? Yes _____ No _____

Your spouse's death certificate MUST be recorded at the Coconino County Recorder's Office

Date Recorded: _____ Docket _____ Page _____ or Instrument # _____

8. Have you since remarried? Yes _____ No _____
9. Do you own real estate in Coconino County? Yes _____ No _____
10. Parcel number(s) _____
11. Do you own real estate in any other county? Yes _____ No _____ What county? _____
12. Do you own real estate jointly with your son or daughter? Yes _____ No _____
13. If yes, does your son or daughter live with you? Yes _____ No _____
14. List all vehicles, year(s) & make(s) _____
15. Do you have part-time or full-time work? Yes _____ No _____
What were your earnings last year? _____
Do you have other income: rentals, interest? _____
Dividends, Civil Service Pension or Other. _____
16. Your Children:
How many under 21 are living with you? _____
How many over 21 are living with you? _____
Do any of the children living at home have part-time or full-time employment? Yes _____ No _____
If yes, what were their total earnings last year? _____
17. Do you own a business? Yes _____ No _____
Name and Address _____

APPLICANTS NAME AND CURRENT ADDRESS:

PHONE #: _____

SIGNATURE

DATE